



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: DEACONESS MIDTOWN HOSPITAL

City of Hospital: Evansville

Year Begin: 10/01/2019 (mm/dd/yyyy format)

Year End: 09/30/2020 (mm/dd/yyyy format)

Person Completing the Report: Danielle Metzger-Cundiff

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Medicare Provider Number: 15-0082

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$1322275092
Outpatient Patient Service Revenue	\$1674164358
Total Gross Patient Service Revenue	\$2996439450

2. Deductions From Revenue

Contractual Allowance	\$1924572435
Other Deductions	\$83944534
Total Deductions	\$2008516969

3. Total Operating Revenue

Net Patient Service Revenue	\$987923127
Other Operating Revenue	\$81548200
Total Operating Revenue	\$1069471327

4. Operating Expenses

Salaries and Wages	\$305204822	Employee Benefits	\$85786407
Depreciation and Amortization	\$56007028	Interest Expense	\$11394873
Bad Debt	\$19881005	Other Expenses	\$462783828
Total Operating Expenses	\$941057963		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$196288196	Total Assets	\$1921176698
Net Non-operating Gains over Loss	\$-82344096	Total Liabilities	\$703946214

Total Net Gains	\$113944100
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1482485656	\$1114195023	\$368290633
Medicaid	\$421542006	\$309157885	\$112384121
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$1092411788	\$501219527	\$591192261
Total	\$2996439450	\$1924572435	\$1071867015

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$40196	\$2072492	\$-2032296

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$3089740	\$9990847	\$-6901107
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$66782	\$-66782

Number of Medical Professionals Trained	22358
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	100

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$18156319	
HCI Payments	\$0		
Subtotal	\$0	\$18156319	\$-18156319
Medicaid Shortfalls	\$112384121	\$154854704	
Subtotal	\$112384121	\$173011023	\$-60626902
DSH Payments	\$8,062,740		
Subtotal	\$120446861	\$173011023	\$-52564162
Medicare Shortfalls	\$368290633	\$465587560	
Other Government Programs	\$0	\$0	
Total	\$488737494	\$638598583	\$-149861089

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$882563	\$-882563
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$6086	\$243990	\$-237904

Comments

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